

244 CMR 4.00: MASSACHUSETTS REGULATIONS GOVERNING THE PRACTICE OF NURSING
IN THE EXPANDED ROLE

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4.01: Authority

The Board of Registration in Nursing adopts 244 CMR 4.00 which it and the Board of Registration in Medicine have approved under the authority of M.G.L. c. 112, § 80B.

4.02: Purpose

The purpose of 244 CMR 4.00 is to establish the conditions under which registered nurses licensed by the Board of Registration in Nursing may practice in an expanded role. 244 CMR 4.00 also establishes principles of supervision, responsibility, and discipline to which nurses practicing in the expanded role are subject.

4.03: Citation

244 CMR 4.00 is Massachusetts Regulations Governing the Practice of Nursing in the Expanded Role, and persons citing them may use the following abbreviated form: 244 CMR 4.00.

4.04: Scope

244 CMR 4.00 governs the education and practice requirements applicable to nurses practicing in the expanded role. They also guide the actions of persons and/or entities related in a professional or employment capacity to such nurses.

4.05: Definitions

For the purpose of 244 CMR 4.00, the terms or phrases listed below have the meaning ascribed to them in 244 CMR 4.05.

4.05: continued

Area of practice means the categories of nursing specified in 244 CMR 4.11 and described in detail in 244 CMR 4.25 and 4.26.

Board means the Board of Registration in Nursing.

Collaboration means a process and relationship in which a nurse practicing in an expanded role works together with physicians and may work with other health professionals to deliver health care within the scope of the various professionals' expertise and lawful practice, and with medical direction and appropriate supervision as provided for in the guidelines required by 244 CMR 4.22, 4.23, and 4.25. Collaboration does not mean that a nurse practicing in the expanded role may practice medicine beyond the limits defined by 244 CMR 4.00.

Contact hour means the unit of measurement of organized learning experience lasting 50 consecutive minutes.

Educational program or formal educational program means a course of training, education, or study followed by successful completion of a certification examination prepared by an appropriate national organization and accepted by the Board.

Guidelines means written instructions and procedures describing the methods that nurses practicing in an expanded role are to follow in managing a health care situation or resolving a health care problem and which specifies those instances in which referral to or consultation with a physician is required.

Institution means a hospital, clinic, or other facility licensed by the Department of Public Health or the Department of Mental Health having one or more physicians on the staff.

Nurse authorized to practice in the expanded role means a nurse with:

- (a) current licensure as a registered nurse in the Commonwealth;
- (b) advanced nursing knowledge and clinical skills acquired through an appropriate nursing education program, as described in 244 CMR 4.13 or, until April 15, 1993, as acquired through appropriate education and clinical experience, or their equivalent, as described in 244 CMR 4.14; and
- (c) current certification in a specific practice area as described in 244 CMR 4.13.

Nurse engaged in prescriptive practice means a nurse with:

- (a) authorization to practice in the expanded role;
- (b) a minimum of 24 contact hours in pharmacotherapeutics which are beyond those acquired through a generic nursing education program; after December 1, 1992, this requirement shall be met prior to application for registration with the Massachusetts Department of Public Health; nurses registered to prescribe prior to December 1, 1992, shall meet this requirement no later than January 1, 1995; and
- (c) valid registration(s) to issue written or oral prescriptions or medication orders for controlled substances from the Massachusetts Department of Public Health in accordance with M.G.L. c. 94C, § 7(g) and, where required, by the U.S. Drug Enforcement Administration.

Practice in the expanded role means professional nursing activity engaged in by a registered nurse in accordance with 244 CMR 4.00 and involving the employment of advanced skills including the evaluation, diagnosis, and treatment of patients with diseases and adverse health conditions. It also means the management of therapeutic regimens for acute and chronic problems associated with such diseases and conditions. It does not mean activity which the Board recognizes as the generic practice of registered nurses.

Prescriptive practice means the issuance of written or oral prescriptions for medication orders for controlled substances or other medications.

4.05: continued

Supervising physician means a physician holding an unrestricted full license in Massachusetts who:

- (a) has completed approved Accreditation Council for Graduate Medical Education (ACGME) training in the United States or is Board certified in the nurse's area of specialty, or has hospital admitting privileges in that specialty area;
- (b) holds valid registration(s) to issue written or oral prescriptions or medication orders for controlled substances from the Massachusetts Department of Public Health and the U.S. Drug Enforcement Administration;
- (c) develops and signs mutually agreed-upon guidelines with the nurse engaged in prescriptive practice; and
- (d) reviews and provides direction for the nurse's prescriptive practice at least every three months, or delegates to another fully licensed, qualified physician such direction and review.

4.06: Gender of Pronouns

Pronouns having gender refer to persons of both sexes.

4.07: Number

Words importing the singular include the plural and words importing the plural include the singular.

(4.08 through 4.10: Reserved)

4.11: Categories of Nurses Practicing in Expanded Roles

A nurse practicing in an expanded role includes nurses whose professional activities fall within the following categories:

- (1) Nurse Midwife
- (2) Nurse Practitioner
- (3) Psychiatric Nurse Mental Health Clinical Specialist
- (4) Nurse Anesthetist
- (5) Other categories as the Board and the Board of Registration in Medicine determine from time to time.

4.12: Prohibition of Practice without Authorization and Rules Governing Advertising and Personal Identification

- (1) No person may practice as a nurse in an expanded role without first obtaining the Board's authorization to do so in accordance with 244 CMR 4.00.
- (2) No person may advertise as a nurse authorized to practice in an expanded role or use any other words, letters, signs, or figures suggesting that the person is authorized to practice in an expanded role without having first obtained the Board's authorization to practice in an expanded role in accordance with 244 CMR 4.00.
- (3) A person practicing as a nurse in an expanded role shall identify herself as such through the posting of appropriate signs, the wearing of an appropriate name tag, the use of appropriate stationery, and similar devices.

4.13: Requirements for Authorization

The requirements governing authorization as a nurse practicing in an expanded role consist of active licensure as a registered nurse in the Commonwealth and compliance, as evidenced by documentation filed with and acceptable to the Board, with the following requirements as appropriate:

(1) Nurse Midwife

(a) The following requirements apply to persons seeking authorization to practice as a nurse midwife except as they are varied in 244 CMR 4.13(1)(b).

1. Satisfactory completion of a formal educational program which has as its objective the preparation of nurses to perform as nurse midwives and which the Board has recognized as such; and
2. Current certification by a nationally recognized accrediting body approved by the Board for nurse midwives.

(b) A person who has completed the educational requirements prescribed in 244 CMR 4.13(1)(a) may practice in an expanded role as a nurse midwife without first submitting evidence of her certification until the announcement of the results to the Board of the first examination given for certification for which she is eligible. Should a person fail to take or fail to pass such an examination, she shall immediately cease practicing in an expanded role as a nurse midwife. Upon passing such an examination, a nurse seeking authorization to practice as a nurse midwife shall promptly inform the Board in writing of this fact.

(2) Nurse Practitioner

(a) The following requirements apply to persons seeking authorization to practice as a nurse practitioner except as they are varied by 244 CMR 4.13(2)(b).

1. Satisfactory completion of a formal educational program for registered nurses which has been approved by a national professional nurses accrediting body which the Board recognizes as such. The program must have as its objective the preparation of professional nurses to practice in an expanded role as nurse practitioners. The Board will accept in satisfaction of this requirement only those educational programs whose attendance and training requirements are the equivalent of at least one academic year; and
2. Current certification by a nationally recognized accrediting body approved by the Board for nurse practitioners.

(b) A person who has completed the educational requirements prescribed in 244 CMR 4.13(1)(a) may practice in an expanded role as a nurse practitioner until the announcement of the results to the Board of the first examination given for certification for which she is eligible. Should a person fail to take or fail to pass such an examination, she shall immediately cease practicing in an expanded role as a nurse practitioner. Upon passing such an examination, a nurse seeking authorization to practice as a nurse practitioner shall promptly inform the Board in writing of this fact.

(3) Psychiatric Nurse Mental Health Clinical Specialist. The following requirements apply to persons seeking authorization to practice as a psychiatric nurse mental health clinical specialist on or after January 1, 1984.

- (a) Satisfactory completion of a formal educational program (whose attendance and training requirements are the equivalent of one academic year) in addition to generic nursing preparation which has been approved by a national professional nursing accrediting body which the Board recognizes as such. The program must have as its objective the preparation of nurses to practice as psychiatric nurse mental health clinical specialists.
- (b) Current certification by a nationally recognized accrediting body approved by the Board for psychiatric nurse mental health clinical specialists.

(4) Nurse Anesthetist

(a) The following requirements apply to persons seeking authorization to practice as a nurse anesthetist except as varied by 244 CMR 4.13(4)(b).

1. Satisfactory completion of a formal education program in addition to generic nursing preparation which meets the standards of the Council on Accreditation of Nurse Anesthesia Programs and which has as its objective the preparation of nurses to perform as nurse anesthetists; and

4.13: continued

2. Current certification by a nationally recognized accrediting body approved by the Board for nurse anesthetists.
- (b) A nurse anesthetist who, as of the effective date of 244 CMR 4.00, has completed the educational requirements in 244 CMR 4.13(1)(a), may practice in an expanded role as a nurse anesthetist without first submitting evidence of her certification to the Board until the announcement of the results of the first examination given for certification for which she is eligible. Should a person fail to take or fail to pass such an examination, she shall immediately cease practicing in an expanded role as a nurse anesthetist. Upon passing such an examination, a nurse seeking authorization to practice as a nurse anesthetist shall promptly inform the Board in writing of this fact.

4.14: Criteria for Determining Equivalent Competency

The following criteria shall be in effect until April 15, 1993. Nurses authorized to practice in an expanded role on the basis of equivalent competency shall be eligible to renew their authorization in compliance with the provisions of 244 CMR 4.16.

- (1) Licensure. Current Massachusetts nursing registration.
- (2) Practice. Five years clinical nursing practice in the specialty area in eight years preceding the application.
- (3) Educational Preparation. Evidence of successful completion of the specialty education beyond the generic nursing program. A nursing focus is preferred for this specialty education.
- (4) Supervision
 - (a) Supervised practice by a specialist during the educational experience for all candidates except psychiatric/mental health clinical specialists.
 - (b) Psychiatric/mental health clinical specialists shall provide evidence of peer review or supervised practice.
- (5) References. At least three recent references from professionals in the area of expertise. One must be from the employer if not self-employed.
- (6) Continuing Education. Documented evidence of annual participation in the area of practice.
- (7) Extent and type of practice in the specialty area. In reviewing applications to determine if standards are met, the Board gives equal consideration to each of the above elements. The Board has authority in making the final determination of whether an applicant meets the over-all criteria on an equivalent basis.
- (8) Successful completion of the current certification examination prepared by an appropriate national organization as accepted by the Board of Registration in Nursing.

4.15: Application for Authorization and Authorization

- (1) A person seeking authorization to practice in an expanded role must apply for authorization on a form prescribed by the Board.
- (2) When the Board determines that an applicant for authorization meets the qualifications set forth in 244 CMR 4.13 or, until April 15, 1993, the qualifications set forth in 244 CMR 4.14, the Board will endorse the applicant's license as a registered nurse with a designation authorizing the applicant to practice in an expanded role in the appropriate area of practice.

4.16: Renewal of Authorization

The Board will renew a person's authorization to practice in an expanded role concurrently with its renewal of her license to practice as a registered nurse in the Commonwealth. Unless otherwise affected by law, 244 CMR 4.00, or disciplinary action, a person's authorization remains in effect for the same period of time as her license to practice.

4.17: Discipline: Revocation, Suspension, or Refusal to Renew Authorization

The Board may revoke, suspend, or refuse to renew its grant or authorization permitting a person to practice in an expanded role or otherwise discipline her if it determines, after an adjudicatory hearing conducted in accordance with M.G.L. c. 30A, that the person fails to meet the requirements of 244 CMR 4.00 applicable to her area of practice. In addition, the Board may impose discipline for any of the reasons set forth in M.G.L. c. 112, §§ 61 and 74.

(4.18 through 4.20: Reserved)

4.21: Responsibility

A nurse practicing in an expanded role is legally liable for her actions.

4.22: Development, Approval, and Review of Guidelines for Nurse Midwives, Nurse Practitioners and Nurse Anesthetists

(1) All nurses practicing in an expanded role (physician's office, institution or private practice) shall practice in accordance with written guidelines developed in collaboration with and mutually acceptable to the nurse and to:

- (a) a physician expert by virtue of training or experience in the nurse's area of practice in the case of the nurse in the physician's office and the nurse in private practice; or
- (b) the appropriate medical staff and nursing administration staff of the institution employing the nurse.

(2) In all cases the written guidelines shall designate a physician who shall provide medical direction as is customarily accepted in the specialty area. Guidelines may authorize the nurse's performance of any professional activities included within her area of practice. The guidelines shall:

- (a) specifically describe the nature and scope of the nurse's practice;
- (b) describe the circumstances in which physician consultation or referral is required;
- (c) describe the use of established procedures for the treatment of common medical conditions which the nurse may encounter; and
- (d) include provisions for managing emergencies.

(3) In addition to the requirements of 244 CMR 4.22(2), the guidelines pertaining to prescriptive practice shall:

- (a) include a defined mechanism to monitor prescribing practices, including documentation of review with a supervising physician at least every three months;
- (b) include protocols for the initiation of intravenous therapies and Schedule II drugs;
- (c) specify the frequency of review of initial prescription of controlled substances; the initial prescription of Schedule II drugs must be reviewed within 96 hours; and
- (d) conform to M.G.L. c. 94C, the regulations of the Department of Public Health at 105 CMR 700.000 *et seq.*, and M.G.L. c. 112, §§ 80E or 80G, as applicable.

(4) A nurse practicing in an institution may not practice in an expanded role until:

- (a) the governing body, including the medical staff and nursing administrative staff of the institution, formally reviews and approves of the guidelines under which she proposes to practice; and

4.22: continued

(b) a physician is designated who shall provide such medical direction as is customarily accepted in the specialty area. If there is no professional staff of nurses and physicians, the guidelines must be reviewed by the Board. Such formal approval must be in writing and otherwise in accord with the governing body's by-laws. Once formally approved, guidelines may remain in effect for two calendar years. Prior to the end of the approved two-year period, a nurse who wishes to continue to practice in an expanded role under the guidelines after their expiration must review them in collaboration with the appropriate persons authorized in 244 CMR 4.22(1) to develop them and the governing body must review and formally approve of them.

(5) The Board may request at any time an opportunity to review the guidelines under which a nurse is practicing or proposes to practice in an expanded role. Failure to provide guidelines to the Board is basis for and may result in disciplinary action. The Board may require changes in the guidelines if it determines that they authorize a nurse to perform professional activities without adequate supervision or collaboration or to perform professional activities which exceed the bounds of the nurse's area of practice or her education or experience. The Board may also disapprove guidelines in their entirety if it determines that the institution which approved them is incapable of assuring that professional activities performed under them will be in accordance with the Board's standards of professional nursing.

(6) The Board may at any time review, either directly or indirectly, the activities of a nurse practicing in an expanded role to determine whether the activities conform to the applicable guidelines. Generally the Board may indirectly review activities of nurses practicing in physicians' offices or institutions by requesting reports from supervising physicians or the nurse practicing in the expanded role or the medical staff or nursing administrative staff. Review under 244 CMR 4.22 may result in action similar to that authorized by 244 CMR 4.22(4), (5) or (6) or if appropriate, disciplinary action.

(7) Any nurse, physician, or institution who or which is aggrieved by a decision of the Board made under 244 CMR 4.22(4), (5), or (6) is entitled to have the Board reconsider its decision on the basis of a record compiled at an adjudicatory proceeding conducted pursuant to M.G.L. c. 30A.

(8) An advisory committee composed of five practicing nurses in the expanded role shall be appointed by the Board for each category of nurses practicing in the expanded role. The Board shall consult with the appropriate advisory committee on matters relating to the practice of the nurse in the expanded role and on matters relating to practice guidelines of the nurse in that, specific expanded role. The Board shall take final action.

4.23: Development, Approval, and Review of Guidelines for Psychiatric Nurse Mental Health Specialists

(1) A psychiatric nurse practicing in the expanded role shall practice in accordance with written guidelines which will be available upon request to the Board of Registration in Nursing. The guidelines shall specifically describe the nature and scope of the nurse's practice, as well as the circumstances in which physician collaboration, consultation, or referral is required.

(2) In all cases the written guidelines shall designate a physician who shall provide medical direction as is customarily accepted in the specialty area. Guidelines may authorize the nurse's performance of any professional activities included in her area of practice. The guidelines shall:

- (a) specifically describe the nature and scope of the nurse's practice;
- (b) describe the circumstances in which physician consultation or referral is required; and
- (c) describe the use of established procedures for the treatment of common medical conditions which the nurse may encounter.

4.23: continued

- (3) Guidelines pertaining to prescriptive practice shall:
- (a) include a defined mechanism to monitor prescribing practices, including documentation of review with a supervising psychiatrist at least every three months;
 - (b) include protocols for the initiation of intravenous therapies and Schedule II drugs;
 - (c) specify the frequency of review of initial prescription of controlled substances: the initial prescription of Schedule II drugs shall be reviewed within 96 hours; and
 - (d) conform to M.G.L. c. 94C, the regulations of the Department of Public Health at 105 CMR 700.000 *et seq.*, and M.G.L. c. 112, § 80E.
- (4) A nurse practicing in an institution may not practice in an expanded role until the nursing administrative governing body of the institution formally reviews and approves of the guidelines under which she proposes to practice. If there is no professional staff of nurses, the guidelines must be reviewed by the Board. Such formal approval must be in writing and otherwise in accord with the governing body's by-laws. Once formally approved, guidelines may remain in effect for two calendar years. Prior to the end of the approved two year period, a nurse who wishes to continue to practice in an expanded role under the guidelines after their expiration must review them in collaboration with the appropriate persons authorized in 244 CMR 4.25(3), to develop them, and the governing body must review and formally approve them.
- (5) The Board may periodically review, either directly or indirectly, the activities of a nurse practicing in an expanded role to determine whether the activities conform to the applicable guidelines. Generally the Board may indirectly review activities of nurses practicing in physicians' offices or institutions by requesting reports from supervising physicians or the nurse practicing in the expanded role or medical staff or nursing administrative staff. Review under 244 CMR 4.23(5) may result in action similar to that authorized by 244 CMR 4.22(5), or if appropriate, disciplinary action.
- (6) Any nurse, physician, or institution who or which is aggrieved by a decision of the Board made under 244 CMR 4.23(1), (3), or (4), is entitled to have the Board reconsider its decision on the basis of a record compiled at an adjudicatory proceeding conducted pursuant to M.G.L. c. 30A.
- (7) An advisory committee composed of five practicing nurses in the expanded role shall be appointed by the Board for each category of nursing practicing in the expanded role. The Board shall consult with the appropriate advisory committee on matters relating to practice guidelines of the nurse in that specific expanded role. The Board shall take final action.

4.24: Status of Guidelines as Public Documents

Guidelines are public documents, and a nurse practicing in an expanded role shall make a copy of her guidelines available to any person upon request.

4.25: Specific Requirements Applicable to Guidelines for Categories of Nurses Practicing in an Expanded Role

(1) Nurse Midwife. Guidelines authorizing a nurse to practice midwifery which includes obstetrical care must comply with the provisions of M.G.L. c. 112, § 80C, which requires that a nurse midwife function as a member of a health care team which includes a qualified physician licensed to practice medicine in the Commonwealth, which physician has OBS admitting privileges in a hospital licensed by the Department of Public Health for the operation of maternity and newborn services, or has a consultative relationship with a physician who has these privileges. A nurse midwife whose practice does not include obstetrical care shall function as a member of a health care team which includes a qualified physician licensed to practice medicine in the Commonwealth, which physician has hospital admitting privileges, or has a consultative relationship with a physician who has these privileges.

In instances where practice guidelines include prescriptive practice, they must conform to M.G.L. c. 94C and M.G.L. c. 112, § 80G, and the regulations of the Department of Public Health at 105 CMR 700.000 *et seq.*

4.28: Authority of Board of Registration in Medicine

Nothing herein shall limit the Board of Registration in Medicine's review, monitoring and investigation of its licensees' activities and the medical direction they are required to provide by 244 CMR 4.00.

REGULATORY AUTHORITY

244 CMR 4.00: M.G.L. c. 112, §§ 80B, 80C, 80E and 80G; c. 94C.

NON-TEXT PAGE